

**OFFICE OF THE ATTORNEY GENERAL
MASSACHUSETTS GENERAL LAWS Ch.258, §4
PRESENTMENT CLAIM FORM**

**MARTHA COAKLEY
ATTORNEY GENERAL**

**TRIAL DIVISION
One Ashburton Place
Boston, MA 02108
617-727-2200**

CLAIMANT INFORMATION

Name: _____
Insurance Co. Name (if applicable): _____
Insurance Co. Claim # (if applicable): _____
Telephone #(s): _____
Address: _____

CLAIM AGAINST

Name of Commonwealth Employee Involved (if applicable): _____
Name of Commonwealth Agency Involved (if applicable): _____
Registration # of Commonwealth Vehicle (if applicable): _____
Was a Police Report Completed? YES _____ NO _____ (If yes, please attach)
NATURE OF CLAIM: Please describe your claim. (Continue on additional pages if necessary.)

OTHER INFORMATION

Date of Incident: _____
Location of Incident: _____

Read this important notice and sign your presentment claim.

- Under most circumstances, your presentment claim will be considered a public record and will be available to any member of the public upon request.
- I understand that when I submit this presentment claim the Attorney General's Office cannot give me legal advice and cannot act as my personal lawyer.
- I certify that the information contained in this presentment claim is true to the best of my knowledge.

Signed: _____ **Date:** _____
Printed Name: _____

***Please note: Whether using this form or not, presentment claims must be made in accordance with the requirements of M.G.L. Ch. 258. The Attorney General's Office cannot provide you with legal advice or act as your attorney. If you have questions concerning the specific application or interpretation of the law, please consult with a private attorney.**

FOR AGO USE ONLY:

DATE PRESENTMENT RECEIVED _____ CASE MANAGEMENT NUMBER _____
SIX MONTH DATE _____ EXECUTIVE OFFICE: _____
SOL DATE _____